

**REPORT ON THE EVALUATION OF THE
LIMITED LICENSED HOME CARE SERVICES AGENCIES**

**New York State Department of Health
March 21, 2005**

LIMITED LICENSED HOME CARE SERVICES AGENCIES

Background

Chapter 81 of the Laws of 1995 established the limited licensed home care services agency (LLHCSA) provider type as a home care service delivery option that would be available to meet health care needs of adult home and enriched housing program residents. This law originally contained a sunset clause and has been extended several times. The most recent legislation, Chapter 31 of the Laws of 2003, extended the provider type to March 31, 2005. Each extension has also extended the submission date for the Department's evaluation. The current law requires that this report be submitted to the Governor and Legislature by February 15, 2005.

In 1995, legislation was enacted relating to Welfare and Medicaid reform that included the establishment of the Limited Licensed Home Care Services Agency pursuant to 3602 and 3605 of the Public Health Law and 367-p of the Social Services Law (this legislation is included as Appendix C). The intent of the legislation was to provide services in a residential congregate setting.

The legislation enables licensed adult home and enriched housing program operators under contract to local departments of social services (LDSS) to be reimbursed by the New York State Medical Assistance (MA) program for providing specified home care services to eligible persons under Title XIX of the Social Security Act. The services that may be provided for which the operator may be reimbursed by MA are personal care services, the administration of medications, and the application of sterile dressings by a registered nurse.

The home care services provided by a LLHCSA are authorized by each social service district in accordance with the assessment and authorization procedures specified in a previously issued Administrative Directive, 98 OCC/ADM-1, Limited Licensed Home Care Services Agencies (LLHCSAs) (included as Appendix D). Before a resident may receive the services of a LLHCSA, an initial assessment of the resident must be conducted by a registered nurse employed by a certified home health agency (CHHA) or a licensed home care services agency under contract to the local social services district (LDSS), or a registered nurse employed directly by the LDSS. Reassessments are completed every six months unless the LDSS has state approval for annual assessments.

Services provided by a LLHCSA must be prior authorized by the LDSS in which the Adult Care Facility (ACF) is located and must not duplicate those that the ACF operator is required to provide. Adult Care Facility Directive No. 1-92 specifies that personal care services in adult home facilities may be provided and funded by Medicaid only if a resident requires total assistance with one or more of the following tasks: bathing, grooming, dressing, toileting, walking, transferring, feeding, using medical supplies

and/or durable medical equipment. In an enriched housing program, a resident may be eligible to receive Medicaid funded personal care services only if the resident requires total assistance with bathing, grooming, and/or dressing. Enriched housing program residents may also be entitled to Medicaid funded services providing some assistance with toileting walking, transferring and/or feeding.

Approval of Organizations as Limited Licensed Home Care Services Agencies

The approval of an entity to provide LLHCSA services requires initial Public Health establishment approval and licensure under Article 36 of the Public Health Law. Only those eligible ACF operators in good standing with the Department are approvable. For those adult home operators which already had an approved licensed agency, an approval process was developed which did not require reapproval by the Public Health Council (Appendix A contains the list of “conversion” facilities).

In order to be able to apply for licensure as a LLHCSA, the agency must first obtain a contract with the LDSS in which it will operate. The New York City Human Resources Administration, through a Memorandum of Understanding, delegated local social services district LLHCSA contracting responsibilities to the Department of Health.

Once approved, an applicant needs to request an enrollment package and enroll in the Medicaid Management Information System (MMIS) in order to bill Medicaid for services provided. In addition, in order to bill for Title XIX personal care services, a physician’s order must first be obtained which identifies the medical need for the service(s). The social services district must then conduct/arrange for necessary assessments, and if determined appropriate, the social services district must prior authorize the type, amount, and duration of services provided. If the social services district determines that a LLHCSA is the most cost effective means of providing the needed care, the social services district would then include the LLHCSAs provider ID on the MMIS prior authorization of service.

Rates of Payment

Section 367-p of the Social Services Law, as amended by Section 69 of Chapter 433 of the Laws of 1997, required the Commissioner of Health, subject to the approval of the director of the budget, to establish rates of payment for services provided by LLHCSAs. Subdivision (2) provided that reimbursement must be significantly less than the current costs of providing such services through a personal care provider or certified home health agency in the same area. The legislation also required social services districts to determine that home care services provided by a LLHCSA were more cost-effective than other appropriate service delivery options available in the district, prior to authorizing payment for services.

LLHCSAs could directly provide personal care services authorized in accordance with the rules and regulations of the department; and the administration of medications and

applications of sterile dressings by a registered nurse, provided however, that the services provided by such agency are NOT services that must be provided to residents of such facilities pursuant to article seven of the social services law and rules and regulations of the department.

In establishing a reimbursement structure that was consistent with the intent and requirements of the enabling legislation, the Department examined available data to determine what MA home care services were currently being provided to ACF residents and at what cost. Based on average monthly expenditures for ACF recipients, Medicaid monthly expenses for all CHHA, CHHA nursing and personal care services was \$216.14 or about \$7.20 per day. In an effort to meet the statutory intent, rates were developed for the LLHCSA program as shown in Table 1.

TABLE 1
LLHCSA RATES

	<u>Hour</u>	<u>Quarter Hour</u>
RN Rate		
Rockland, Westchester, Nassau, Suffolk, Bronx, Kings, New York, Queens and Richmond Counties	\$27.00	\$6.75
Rest of State	\$24.50	\$6.13
Personal Care Rate		
Bronx, Kings, New York, Queens And Richmond Counties	\$11.50	\$2.88
Rest of State	\$11.00	\$2.75

Program Implementation

In order to establish the program, public notice of the program's details and process for approval were announced on February 23, 1998 prior to all implementation activities being complete. Several development activities were required. These activities included:

- Development of an Administrative Directive which advised local districts of program policy and procedures, issued in September 1998;
- Development of a MMIS enrollment and payment process, created in the Spring of 1999;
- Negotiation of an MOU with NYC Human Resources Administration to allow for program implementation in that region, completed in 1999;
- Development of surveillance guidelines for pre-opening surveys of approved organizations, completed in 1999;

- Development of protocols for issuance of LLHCSA licenses, completed in 1999.

The first program was fully approved, licensed and enrolled in the MMIS payment system in March of 1999. There are currently 32 programs licensed. Appendix A contains a list of the 32 currently licensed programs, as well as whether or not each program became a LLHCSA as a conversion program.

As of January 2005, Medicaid claims had only been received from 14 of the licensed and operational providers. One of these providers closed in May, 2004 but we have included their data in the following analyses. Claims had been received for 183 Medicaid recipients across these 14 providers. Expenditures from 1999 until November 2004 for personal care and RN services totaled \$1,316,417 or \$7,194 per recipient. Although the number of recipients receiving these services is relatively small it does allow for some initial analysis of data.

Some issues that have been identified by provider groups and other interested parties may represent barriers to the expansion of the program. These include:

- **No Cost of Living Adjustment (COLA).** The rates were set in late 1997 and there is concern by providers that these levels have not kept pace with inflation or with the major increase in home care provider wages given workforce-driven rate enhancement and development of living wage laws in several local jurisdictions.
- **Denial of personal care services under the LLHCSA.** The LLHCSA statute allows for authorization of personal care services “provided, however, that the services provided by such agency are not services that must be provided to residents of such facilities pursuant to article seven of the social services law and rules and regulations of the department of social services” This refers to two sets of regulations:

Those governing the operation of an adult home which include the provider’s responsibility with regard to personal care as follows: “Personal care functions shall include direction and some assistance with grooming...dressing, bathing, toileting; walking and ordinary movement from bed to chair or wheelchair, eating, taking and recording weights monthly and assisting with the self administration of medications...” (487.7(e)(2)(I-viii), social services regulations).

Those governing the Personal Care Program (505.14(a)(2)(I-ii)) which were written for home care services provided in the single site setting and make a distinction between an individual’s need for “some assistance” and “total assistance” with a personal care task as follows:

- Some assistance shall mean that a specific function or task is performed and completed by the patient with help from another individual;
- Total assistance shall mean that a specific function or task is performed and completed for the patient.

Social Service Districts are required to follow the “some” and “total” assistance definitions contained in the Personal Care Services regulations (505.14). In addition, Administrative Directive 92ADM-15, Provision of Title XIX Home Care Services in Adult Care Facilities and Implementation of Retention Standards Waiver Program in Adult Home and Enriched Housing Programs, is the source of the State’s policy that adult homes are responsible for providing some assistance with personal care tasks and that Medicaid personal care services may only be provided when a resident requires total assistance. This Administrative Directive also made clear that all adult home residents who are Medicaid eligible are entitled to the same scope of Medicaid funded home services as all Medicaid recipients. Service eligibility is not determined by the scope of what a particular provider is eligible to provide.

Instructions to providers on the use of MA-reimbursable services give ACF operators responsibility for basic activities, i.e. housekeeping, meals, shopping, laundry. This demarcation is clear and does not seem to pose problems for users. The standard used to draw the line for personal activities, i.e. bathing, toileting, medications, et al., however, has presented some difficulties. Under current rules the ACF is responsible for “some” assistance while home care providers may provide “total” assistance. The definitions of some and total are those used for MA personal care: “some” means that the tasks get accomplished with help from another; “total” means that another does the task for the recipient. The difficulties occasioned by this standard are multi-layered and complex. At the most basic level the distinction by “some” and “total” is an arbitrary representation of client need. An individual with need of some assistance with several tasks may present the same level of resource demand, staff expertise and “medical necessity” as an individual with need for total assistance in one task.

- **Expanded Medication Assistance Tasks.** The LLHCSA statute authorizes the administration of medications as a billable service. However, the initial Administrative Directive to Commissioners of Social Services #98 OCC/ADM-1 limits what can be billed to the LLHCSA to intramuscular and subcutaneous injections. Other medications are routinely provided to adult home residents by the operator. Consequently, the scope of the LLHCSA, in regards to medication assistance, was restricted to reflect CHHA medication assistance Medicaid billing at that time. Department data indicates CHHAs are now billing Medicaid for some medication tasks, especially in situations where a small number of individuals in the ACF need this service.
- **Medicare payment.** Medicare payment cannot be received for services rendered by this provider type but need to be delivered through a CHHA. Otherwise Medicaid would be billed.
- **Medicaid and the Mentally Disabled.** There is some concern that current federal program restrictions do not allow federal participation for Medicaid services delivered in Institutions for the Mentally Disabled. Many adult care facilities have over 25% of their residents with a diagnosis of psychiatric disability. The LLHCSA

statutory requirement for residential and home care services being under the same legal entity could jeopardize future federal financial participation for Medicaid services in these facilities.

Limited Licensed Home Care Services Agency Evaluation

The 1997 legislation requires that a report be submitted that describes any cost savings associated with the LLHCSA program, focusing particularly on the following areas:

- The total number of hours and individuals served by LLHCSA
- The kinds of services provided by LLHCSAs
- The number of patients diverted from higher cost care settings and the estimated average savings per resident diverted.
- Whether the provision of service provided through LLHCSA generated a cost savings
- Whether the expenditures, the number of hours and the number of recipients receiving personal care services in adult homes and enriched housing changed compared to the prior two years before implementation this section.

Methodology and Results

Medicaid claims data were reviewed for individuals making LLHCSA claims through November 2004. For each individual making a LLHCSA claim, all claims were reviewed for the period **after** the individual became a LLHCSA recipient. As of November 2004, there were 32 limited licensed facilities across the state. By the end of November 2004 only 14 of the 32 facilities reported expenditures and all but one of these programs was upstate (the single downstate program reporting expenditures was in Nassau county). Between 1999 and the current period, only 183 individuals received limited home care services for which Medicaid was billed.

The LLHCSA claims available for these analyses began in 1999 and extended through November 2004. Any individual making any LLHCSA claim during the period was included in these analyses. Table 2 includes selected expenditures for all LLHCSA recipients after they made their first LLHCSA claim. The table displays the total Medicaid dollars, the average dollars per LLHCSA recipient spent during the period, and the total and average service units (days/hours/claims) per LLHCSA recipient for both in-home and institutional categories of services.

Table 2

**MEDICAID DOLLARS AND SERVICE UNITS FOR SELECTED
CATEGORIES OF SERVICE FOR ALL LLHCSA RECIPIENTS
AFTER THE FIRST LLHCSA CLAIM
1999-2004**

Category of Service	Total Medicaid Dollars	Dollars per Recipient	Total Service Units	Service Unit per Recipient
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In-Home Services

Personal Care Services (183 recipients)	\$1,316,417	\$7,194	120,864 hours	660 hours
Home Health Care (43 recipients)	\$267,600	\$6,223	1,794 claims	42 claims
Long Term Home Health Care (3 recipients)	\$1,350	\$450	86 claims	29 claims

Institutional Services

Nursing Homes (86 recipients)	\$5,382,172	\$62,583	38,956 days	453 days
Inpatient (100 recipients)	\$454,547	\$4,545	464 days	5 days

From the Medicaid claims data, it is clear that all 183 LLHCSA recipients received at least some personal care services at some point during the period. However, ACF residents in receipt of LLHCSA services are not required to receive personal care services and may, in fact, receive only subcutaneous and intramuscular injections. In order to estimate whether or not the LLHCSA program generated any cost savings, a comparison group composed of MA recipients in ACFs without a LLHCSA was developed.

In order to make the comparison group as similar to the LLHCSA group as possible the following criteria were employed:

- The analysis was limited to claims made by LLHCSA and non-LLHCSA recipients during 2003 only. Since many of the 183 LLHCSA recipients had been making claims for varying lengths of time between 1999 and 2004, it

seemed reasonable to restrict the analysis to claims made during a single year. In this way, service utilization and costs would be comparable as possible between LLHCSA and non-LLHCSA recipients.

- 138 of the 183 LLHCSA recipients had made a claim during 2003. Only 2003 claims made after the recipient made their first LLHCSA claim were included.
- A pool including all non-Limited License ACF's located in any upstate county or in Nassau county was developed and any recipient who had received personal care services at some point during 2003 at one of these facilities was eligible for inclusion in the comparison group.

These stipulations resulted in the selection of 159 individuals who had received personal care services in any of the non-LLHCSA programs upstate or in Nassau county for the comparison group. In the absence of recipient level clinical information, these stipulations were intended to provide for a comparable level of impairment between the LLHCSA and non-LLHCSA recipients.

TABLE 3

THE NUMBER OF RECIPIENTS AND MEAN MA DOLLARS PER RECIPIENT IN 2003 FOR LIMITED LICENSE AND NON-LIMITED LICENSE RECIPIENTS

Category of Service	<i>Limited License Group</i>		<i>Comparison Group</i>	
	number of recipients	mean dollars per recipient	number of recipients	mean dollars per recipient
<u>In-Home Services</u>				
Personal Care Services	100	\$2,842	86	\$4,953
Home Health Services	20	\$7,029	48	\$2,539
<u>Institutional Services</u>				
Nursing Home Services	54	\$36,080	58	\$28,043
Inpatient Services	37	\$2,944	62	\$5,728

Table 3 presents the personal care, home health services, nursing home services, and inpatient services costs for the comparison and LLHCSA recipients during this period. This table reveals that results are mixed regarding comparisons between LLHCSA and non-LLHCSA recipients in terms of expenditures. Comparison group recipients have

higher average personal care and inpatient expenditures, while LLHCSA recipients have higher average home care and nursing home expenditures. LLHCSA recipient average home health services expenditures are 2.76 times higher than those of comparison group members, while LLHCSA recipient's nursing home expenditures are 1.29 times higher. On the other hand, non-LLHCSA recipient average expenditures for personal care services are 1.74 times higher than their LLHCSA counterparts, and comparison group average inpatient expenditures are 1.94 times higher than was the case for LLHCSA recipients. Overall, per member per month (PMPM) expenditures for the non-LLHCSA recipients are \$2,514 while those of the LLHCSA recipients are \$2,475, indicating very similar overall levels of expenditures.

Table 4 addresses the issue of whether the expenditures, number of hours and the number of recipients receiving personal care services in adult homes and enriched housing programs changed compared to the prior two years before implementing this section.

Table 4

**COMPARISON OF MEDICAID UTILIZATION (TOTAL AND PERSONAL CARE)
FOR 1997, 1999, 2001, AND 2003
ADULT HOME RESIDENTS IN 9 COUNTIES* THAT HAVE OPERATING LLHCSAs**

	ADULT HOME COHORTS*	TOTAL MEDICAID EXPENDITURES	RECIPIENT COUNT	TOTAL MEDICAID EXPENDITURES PER RECIPIENT	PC EXPENDITURES	PC RECIPIENT COUNT	PC EXPENDITURES PER RECIPIENT	HOURLY EQUIVALENT UNITS PER RECIPIENT
19 97	Adult home residents in 9 counties where 14 limited license adult homes reside	17,900,059	1,357	13,191	380,763	102	3,733	313.2
19 99	Adult home residents in 9 counties where 14 limited license adult homes reside	20,538,513	1,435	14,313	506,354	99	5,115	393.4
20 01	Adult home residents in 9 counties where 14 limited license adult homes reside	36,899,222	2,139	17,251	682,755	159	4,294	354.8
20 03	Adult home residents in 9 counties where 14 limited license adult homes reside	25,530,556	1,311	19,474	372,136	118	3,154	277.7

NOTES:

(*) The nine (9) recipient counties, in which the 14 limited license adult homes reside, are: Chautauqua, Chemung, Erie, Fulton, Madison, Onondaga, Otsego, Montgomery, and Nassau.

Claims data in the nine counties containing the LLHCSAs were examined for 1997 (the two years prior to any implementation) and compared to 1999 when there was minimal implementation and the period of full implementation (2001 and 2003, the latest available data). Table 4 illustrates that total personal care expenditures rose steadily between 1997 and 2001, but dropped in 2003 to approximately 1997 levels. The number of personal care recipients in adult homes in these counties also dropped between 2001 and 2003. The personal care expenditures per recipient rose between 1997 and 2001 but have dropped to less than 1997 levels by 2003.

Limitations of the Evaluation

These data, although showing some trends in cost and utilization, should be interpreted with caution.

- Only 14 programs and 183 individuals have participated in the LLHCSA program for the entire 6 years in which the program has been in existence. The number of program participants is very small and geographically restricted (upstate and a single Long Island County).
- It was only possible to match the comparison group to the LLHCSA group by service utilization (the utilization of personal care services in an ACF at some point during the period), and region (upstate and a single downstate county) using the claims data. No case mix adjustment based on recipient clinical characteristics or diagnosis was possible.

Summary

There were five questions which were legislatively mandated and guided the evaluation of the LLHCSA program.

1. The total number of hours provided by and individuals served by limited license home care services agencies.

Since the program began in early 1999, claims data indicate that only 183 individuals have made a limited license claim (as identified by rate codes 2412, RN nursing services, and 2413, personal care services). These individuals have accounted for approximately 121,468 hours of service, as defined by the rate codes delineated above, or an average of approximately 664 hours of service per recipient.

2. The kinds of services provided by limited license home care services agencies.

Claims data indicate that the 183 limited license recipients received a wide array of health services during the period that they were in the limited license program. These recipients received a total of 23 services, and these services are listed in Appendix B. At least one LLHCSA recipient made at least one claim in each of these categories while they were a limited license recipient.

3. The number of patients diverted from higher cost care settings and the estimated average savings per resident diverted.

The claims data indicate that LLHCSA recipients accounted for higher nursing home costs than the comparison group of recipients, but that the LLHCSA recipients had lower inpatient expenditures than the comparison group. Average nursing home expenditures for both the LLHCSA and non-LLHCSA groups were much higher than the average expenditures for inpatient care for both groups. There is little evidence to suggest that LLHCSA recipients were diverted from the nursing home setting but some evidence to suggest that inpatient service use was relatively modest for LLHCSA recipients.

4. Whether the provision of services provided through a limited license home care services agency generated a cost savings.

Overall average per member per month (PMPM) expenditures for LLHCSA recipients in 2003 were \$2,475 while 2003 PMPM expenditures for the non-LLHCSA recipients were \$2,514, a difference of \$39 PMPM less for LLHCSA recipients. Given that no recipient level clinical information was available to match LLHCSA and non-LLHCSA recipients, these very similar PMPM expenditures provide little evidence that the provision of services through a limited license home care services agency generated any overall cost savings.

5. Whether the expenditures, the number of hours and the number of recipients receiving personal care services in adult homes and enriched housing programs changed compared to the prior two years before implementing this section.

Although the use of personal care services and expenditures for these services in adult homes rose initially after the implementation of this section (1999 and 2001), 2003 data suggest that total and average expenditures for personal care services in adult homes dropped dramatically between 2001 and 2003. The most current data indicate that the use of personal care services in adult homes has not increased compared to the period prior to the implementation of this section.

Conclusions

- The level of savings projected in the statutory approval of the program are not supported by the initial evaluation data;
- There is no evidence to suggest that LLHCSA recipients were diverted from the nursing home setting, but some evidence to suggest that LLHCSA recipients were diverted from the hospital setting.

APPENDIX A

APPROVED LIMITED LICENSE HOME CARE SERVICES AGENCIES

<u>License #</u>	<u>Facility Name</u>	<u>County</u>	<u>Date of Initial Approval</u>	<u>Conversion Program**</u>
9497A001	Grand 'Vie Home for Adults	Monroe	03/11/99	X
9445A001	Robynwood Home For Adults*	Otsego	06/29/99	X
0561A001	The Woman's Christian Association*	Chautauqua	08/26/99	
0671A001	Johnson LHCSA – Fredonia*	Chautauqua	11/29/99	
0671A002	Johnson LHCSA – Forestville*	Chautauqua	11/29/99	
9305A001	Bethany Village Retirement Home*	Chemung	02/07/00	X
9433A001	Elm York Home for Adults	Queens	03/21/00	X
0915A001	Anna Erika Home for Adults	Richmond	06/08/00	X
0623A001	Adirondack Manor Home for Adults	Oneida	07/06/00	
0824A002	Highland LLHCSA*	Onondaga	08/23/00	
0824A003	Hamilton LLHCSA*	Madison	08/23/00	
0824A001	Manlius LLHCSA*	Onondaga	08/23/00	
0566A001	Lutheran Church Home (LCH)*	Erie	12/12/00	X
0623A002	Adirondack Manor Home for Adults	Oneida	12/12/00	
0815A001	Danforth LLHCSA	Rensselaer	12/14/00	X
1104A001	Green Manor	Columbia	07/21/00	
9980A001	West Brighton LHCS	Richmond	11/20/00	X
9971A001	Hedgewood Home (Mountainview)	Dutchess	01/19/01	X
9474A001	New Central Manor Home for Adults	Queens	06/04/01	X
0730A001	Park Hill*	Montgomery	09/17/01	X
0783A001	Pineview*	Fulton	09/17/01	X
0728A001	Home of the Good Shepherd	Saratoga	09/17/01	X
0590A001	United Church Home Care Agency*	Erie	10/22/01	
0628A001	Ambassador Manor*	Nassau	01/30/02	X
9921A001	Surfside Manor Home for Adults	Queens	02/28/02	

<u>License #</u>	<u>Facility Name</u>	<u>County</u>	<u>Date of Initial Approval</u>	<u>Conversion Program**</u>
9970A001	New Brookhaven Town House	Suffolk	05/16/02	X
9916A001	Mermaid Manor	Kings	07/24/02	
0558A001	Harbor View Home for Adults LLHCSA	Kings	05/23/03	
9910A	New Broadview Manor Home for Adults	Richmond	08/14/2002	
5001A	Long Beach Atlantic	Nassau	11/20/2002	
9438A002	Judith Lynn Assisted Living	Bronx	06/29/04	
9438A001	Thomas Jefferson Assisted Living	Kings	06/29/04	
5004A001	Pillars* ⁺	Monroe	08/08/02	

* Indicates one of the 14 LLHCSAs for which Medicaid claims data were available for this evaluation.

+ The Pillars closed in May, 2004. The claims data from the Pillars is included in these analyses.

** A conversion program is a program established as a LLHCSA without initial Public Health Council approval. An ACF operator who already had a Licensed Home Care Agency and who wished to be approved as a LLHCSA could be approved as a conversion program. This type of agency will then be both a Licensed Home Care Service Agency (LHCSA) and a Limited License Home Care Service Agency (LLHCSA).

APPENDIX B

SERVICES RECEIVED BY LIMITED LICENSE HOME CARE SERVICE SERVICE AGENCY RECIPIENTS

<u>Category of Service</u>	<u>Number of LLHCSA Recipients Receiving Service</u>
Physician	167
Podiatry	102
Psychology	13
Eyecare	49
OPD (hospital outpatient)	112
Emergency Room	85
FS Clinic (D&T Center)	31
OMH Clinic	8
OMR Clinic	1
Inpatient	100
OMH Inpatient	1
SNF (Nursing Home)	86
Dental	34
Pharmacy	179
Limited License Home Care Services	183
Home Health Care	43
ALP	4
Laboratory	29
Transportation	157
DME and Hearing Aid	106
Prepaid Mental Health	9
Referred Ambulatory	67
Case Management	11

For each category of service listed in the table, the number in the right hand column represents the number of recipients across all LLHCSAs that received the service at some point during the period for which data were available.

APPENDIX C

LEGISLATION FOR THE ESTABLISHMENT OF THE LIMITED LICENSE HOME CARE SERVICES AGENCY

1 medical assistance and to the state department of social services for
2 the full amount of medical assistance so expended, as the court in its
3 discretion may deem proper.

4 § 103. Notwithstanding any inconsistent provision of the state admin-
5 istrative procedure act or any other provision of law, the commissioner
6 of health, and the commissioner of social services and any appropriate
7 council is authorized to adopt or amend or promulgate on an emergency
8 basis any regulation he or she or such council determines necessary to
9 implement any provision of this act on its effective date.

10 § 103-a. Notwithstanding any inconsistent provision of law or regu-
11 lation, a county or the city of New York in which a public residential
12 health care facility is participating in a rate adjustment pursuant to
13 subdivision 12 of section 2808 of the public health law for services
14 provided during the period July 1, 1995 through March 31, 1996 shall
15 have state reimbursement pursuant to paragraph (h) of subdivision 1 of
16 section 368-a of the social services law and paragraph d of subdivision
17 1 of section 153 of the social services law for the period April 1, 1995
18 through March 31, 1996 reduced by a total amount equal to forty percent
19 of the projected amount of additional reimbursement based upon such
20 adjustment for services provided during the period July 1, 1995 through
21 March 31, 1996 for such public residential health care facility.

22 § 104. Intentionally omitted.

23 § 105. Intentionally omitted.

✓ 24 § 105-a. A task force on long term care financing is hereby estab-
25 lished to consist of eleven members, none of whom shall be members of
26 the legislature. Three members shall be appointed by the governor, one
27 of whom shall serve as the chairperson of the task force, three by the
28 temporary president of the senate and three by the speaker of the assem-
29 bly, one by the minority leader of the senate and one by the minority
30 leader of the assembly. Members of the task force shall receive no
31 compensation for their services. The task force shall: study alterna-
32 tives to the current public funding mechanisms for long-term care;
33 review demographic trends with regard to their impact of long-term care
34 financing; review the limitations of current long-term care financing
35 mechanisms; and review alternative models of financing and providing
36 long-term care services through both public, private and public-private
37 financing systems. The task force shall report its findings and recom-
38 mendations, together with any draft legislation it shall deem advisable,
39 to the governor and the legislature on or before April 1, 1996. The
40 departments of health and social services shall provide the task force
41 with such technical assistance and data as the task force may require in
42 order to effectively perform its duties within the time provided there-
43 for.

44 § 105-b. Section 3602 of the public health law is amended by adding a
45 new subdivision 15 to read as follows:

46 15. "Limited home care services agency" means a certified operator of
47 an adult home or an enriched housing program which directly provides:
48 personal care services authorized and provided in accordance with rules
49 and regulations of the department of social services; and the adminis-
50 tration of medications and application of sterile dressings by a regis-
51 tered nurse, provided, however, that the services provided by such agen-
52 cy are not services that must be provided to residents of such
53 facilities pursuant to article seven of the social services law and
54 rules and regulations of the department of social services. Such opera-
55 tor may provide these services only to residents of the adult home or
56 enriched housing program governed by the terms of such limited license.

1 § 105-c. Section 3605 of the public health law is amended by adding
2 four new subdivisions 9, 10, 11 and 12 to read as follows:

3 9. An entity which seeks approval as a limited home care services
4 agency must meet the requirements of this section, the rules and regu-
5 lations of the department, and must be a certified operator of an adult
6 home or enriched housing program pursuant to article seven of the social
7 services law. The commissioner shall approve only those applicants that
8 the commissioner of the department of social services has listed as
9 eligible pursuant to the requirements of paragraph (a) of subdivision
10 eleven of this section.

11 10. The department shall notify the department of social services of
12 any action taken against a limited home care services agency pursuant to
13 section thirty-six hundred five-a of this article.

14 11. For purposes of this subdivision, eligibility of limited home care
15 services agencies licensed by the department shall be as follows:

16 (a) Only those certified operators of adult homes and enriched housing
17 programs that provide services that are consistent with the needs of
18 each resident, meet the standards governing the operation of such facil-
19 ities in accordance with the provisions of article seven of the social
20 services law, and provide quality care shall be considered by the
21 department as eligible for licensure.

22 (b) An operator that has received current official written notice from
23 the department of social services of any enforcement action pursuant to
24 section four hundred sixty-d of the social services law shall not be
25 eligible for such certification.

26 (c) Such current enforcement action, when resolved to the satisfaction
27 of the commissioner of social services, shall not itself preclude an
28 otherwise eligible applicant from licensure approval but shall be
29 considered by the department in determining the character, competence,
30 and standing in the community of the applicant pursuant to subdivision
31 four of this section.

32 (d) If the department receives notice from the department of social
33 services that a certified operator of an adult home or enriched housing
34 program that is licensed as a limited home care services agency has
35 received official written notice from the department of social services
36 of a proposed enforcement action taken pursuant to section four hundred
37 sixty-d of the social services law, the department shall review the
38 delivery of home care services to determine whether such agency is meet-
39 ing all applicable regulations and standards.

40 12. Notwithstanding any law to the contrary, the commissioner shall
41 have the authority to limit the number of adult homes and enriched hous-
42 ing programs eligible for licensure under this section.

43 § 105-d. The social services law is amended by adding a new section
44 367-p to read as follows:

45 § 367-p. Payment for limited home care services agencies. 1. Notwith-
46 standing any law to the contrary, the commissioner shall, subject to the
47 approval of the director of the budget, establish rates of payment for
48 services provided by limited home care services agencies, licensed by
49 the department of health pursuant to section thirty-six hundred five of
50 the public health law, to eligible individuals who are residents of
51 adult homes and enriched housing programs certified by the department in
52 accordance with article seven of this chapter. Services for which
53 reimbursement shall be available are personal care services provided
54 directly by the agency and authorized and provided in accordance with
55 the rules and regulations of the department; and the administration of
56 medications and application of sterile dressings by a registered nurse

1 provided, however, that the services provided by such agency are not
2 services that must be provided to residents of such facilities pursuant
3 to article seven of this chapter.

4 2. Notwithstanding any law to the contrary, a limited home care
5 services agency licensed by the department of health shall be reimbursed
6 at a rate that is significantly less than the current costs of providing
7 such services through a personal care provider or certified home health
8 agency in the same service area.

9 3. For purposes of this section, an eligible individual means an indi-
10 vidual who is eligible for medical assistance, as determined by the
11 appropriate social services district, which has also determined that
12 such individual has a medical need for services and that such individ-
13 ual's needs can safely and appropriately be met by the limited home care
14 services agency in the adult home or enriched housing program.

15 4. Prior to authorizing payment for services provided to an eligible
16 individual by a limited home care services agency, the appropriate
17 social services district must determine that the service proposed to be
18 provided by such agency is cost-effective in comparison to other avail-
19 able and appropriate service delivery options available in the district.

20 § 105-e. Section 460-d of the social services law is amended by adding
21 two new subdivisions 13 and 14 to read as follows:

22 13. The department shall notify the department of health of any
23 enforcement action pursuant to this section taken against an operator of
24 an adult home or enriched housing program which has been licensed by the
25 department of health as a limited home care services agency pursuant to
26 section thirty-six hundred five of the public health law.

27 14. If the department receives notice from the department of health
28 that an action has been taken against an operator of a limited home care
29 services agency, pursuant to section thirty-six hundred five-a of the
30 public health law, the department shall review the delivery of services
31 provided by the certified operator of an adult home or enriched housing
32 program to determine whether such operator is meeting all applicable
33 regulations and standards.

34 § 105-f. On or before June 26, 1997, the department of social
35 services, in consultation with the department of health shall submit a
36 report to the governor and legislature that describes the cost savings
37 associated with the authorization of certified operators of adult homes
38 and enriched housing programs to qualify as limited home care services
39 agencies licensed by the department of health. The report shall include,
40 but not be limited to an analysis of such factors as:

41 (1) The total number of hours and individuals served by limited home
42 care services agencies.

43 (2) The kinds of services provided by limited home care services agen-
44 cies.

45 (3) The numbers of patients diverted from higher cost care settings
46 and the estimated average savings per resident diverted.

47 (4) Whether the provision of services provided through a limited home
48 care services agency generated a cost savings.

49 (5) Whether the expenditures, the number of hours and the number of
50 recipients receiving personal care services in adult homes and enriched
51 housing programs changed compared to the prior two years before imple-
52 menting this section.

53 Notwithstanding any law to the contrary, limited licensed home care
54 agencies shall be required to provide such information relating to the
55 provision of services as may be requested by the commissioners of social
56 services and health.

Text of New York State Bill A06968

S T A T E O F N E W Y O R K

6968

1999-2000 Regular Sessions

I N A S S E M B L Y

March 16, 1999

Introduced by M. of A. CLARK, GOTTFRIED, HARENBERG -- read once and referred to the Committee on Health

AN ACT to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. The opening paragraph of section 105-f of chapter 81 of the
2 laws of 1995, amending the public health law and other laws relating to
3 medical reimbursement and welfare reform, as amended by chapter 433 of
4 the laws of 1997, is amended to read as follows:
5 On or before February 15, {1999, the department of social services, in
6 consultation with} 2001, the department of health shall submit a report
7 to the governor and legislature that describes the cost savings associ-
8 ated with the authorization of certified operators of adult homes and
9 enriched housing programs to qualify as limited home care services agen-
10 cies licensed by the department of health. The report shall include,
11 but not be limited to an analysis of such factors as:
12 S 2. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
13 amending the public health law and other laws, relating to medical
14 reimbursement and welfare reform, as amended by chapter 433 of the laws
15 of 1997, is amended to read as follows:
16 12. Sections one hundred five-b through one hundred five-f of this act
17 shall expire March 31, {1999} 2001.
18 S 3. This act shall take effect immediately and shall be deemed to
19 have been in full force and effect on and after February 15, 1999.

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets { } is old law to be omitted.

.SO DOC A 6968

END

BTXT

LBD10017-01-9
1999**Bill A06968**[\[Summary \]](#) [\[Actions \]](#) [\[Votes \]](#) [\[Memo \]](#) [\[Text \]](#)

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New York State Bill A06968

All available information for bill A06968, except its text, is supplied in this document. You may jump to a particular item by selecting from the menu below, or you may simply scroll down through this document. To view the bill text, select the last item from the menu below.

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Summary of Bill A06968

BILL NO A06968

SPONSOR Clark

COSPNSR Gottfried, Harenberg, McEneny

MLTSPNSR Diaz, Hill

Amd SS105-f & 246, Chap 81 of 1995

Extends the authorization for the limited home care services agency demonstration program enacted by chapter 81 of the laws of 1995 until 2001; requires reporting on cost savings associated with such program.

Actions on Bill A06968

BILL NO A06968

03/16/1999referred to health
03/23/1999reported referred to ways and means
03/24/1999reported referred to rules
03/25/1999rules report cal.45
03/25/1999ordered to third reading rules cal.45
03/25/1999passed assembly
03/25/1999delivered to senate
03/25/1999REFERRED TO HEALTH
03/29/1999SUBSTITUTED FOR S3882
03/29/19993RD READING CAL.356
03/29/1999PASSED SENATE
03/29/1999RETURNED TO ASSEMBLY
03/30/1999delivered to governor
03/31/1999signed chap.18

Votes on Bill A06968

BILL: A06968 DATE: 03/25/1999 MOTION:

YEA/NAY: 141/000

Abbate Y	Christe Y	Englebr Y	Hikind Y	Mayerso ER	Ramirez Y	Thiele Y
Acampor Y	Clark Y	Espail Y	Hill Y	Mazzare Y	Ravitz Y	Tocci Y
Alfano Y	Cohe A Y	Eve ER	Hochber Y	McEneny Y	Rhodd-C Y	Tokasz Y
Arroyo Y	Cohe M Y	Farrell Y	Hoyt ER	McLaugh ER	Rivera ER	Tonko Y
Aubry Y	Colman Y	Faso Y	Jacobs Y	Miller Y	Robach Y	Towns ER
Bacalle Y	Colton Y	Ferrara Y	John Y	Millman Y	Sanders Y	Townsen Y
Barraga Y	Connell Y	Fessend Y	Johnson Y	Mills Y	Scarbor Y	Vann Y
Bea Y	Conte ER	Flanaga Y	Kaufman Y	Morelle Y	Schimmi Y	Vitalia Y
Boyland Y	Cook Y	Galef Y	Kirwan Y	Murray Y	Scozzaf Y	Warner Y

Boyle	Y	Crouch	Y	Gantt	Y	Klein	Y	Nesbitt	Y	Seaman	Y	Weinste	Y
Bragman	Y	Cymbrow	ER	Glick	Y	Koon	Y	Nolan	ER	Seddio	Y	Weisenb	Y
Brennan	Y	Daly	Y	Gottfri	Y	Labriol	Y	Norman	Y	Seminer	Y	Weprin	Y
Brodsky	Y	D'Andre	Y	Grannis	Y	Lafayet	Y	Nortz	Y	Sidikma	Y	Wertz	Y
Brown	Y	Darcy	Y	Green	Y	Lentol	Y	Oaks	Y	Smith	Y	Winner	Y
Burling	Y	Davis	Y	Greene	Y	Little	Y	O'Conne	Y	Spano	Y	Wirth	Y
Butl DJ	Y	Denis	Y	Griffit	Y	Lopez	Y	Ortiz	Y	Stephen	Y	Wright	Y
Butl MW	Y	Destito	Y	Gromack	Y	Luster	Y	Ortloff	Y	Stranie	Y	Young	Y
Cahill	Y	Diaz	Y	Gunther	Y	Magee	Y	Parment	Y	Stringe	Y	Mr Spkr	Y
Calhoun	Y	DiNapol	Y	Harenbe	Y	Magnare	Y	Perry	Y	Sull EC	Y		
Canestr	Y	Dinga	Y	Hayes	Y	Manning	Y	Pheffer	Y	Sull F	Y		
Carrozz	Y	Dinowit	Y	Herbst	Y	Markey	Y	Prentis	Y	Sweeney	Y		
Casale	Y	Doran	Y	Higgins	Y	Matusow	Y	Pretlow	Y	Tedisco	Y		

Memo on Bill A06968

BILL NUMBER: A6968

PURPOSE OR GENERAL IDEA OF BILL:

The purpose of the bill is to extend the provisions of the Limited Licensed Home Care Service Agency program.

SUMMARY OF SPECIFIC PROVISIONS:

This bill would extend the expiration date of the Limited Licensed Home Care Service Agency program from March 31, 1999 to March 31, 2001. This bill would also require the Department of Health to submit a report summarizing the effectiveness of the program by February 15, 2001.

EFFECTS OF PRESENT LAW WHICH THIS BILL WOULD ALTER:

This bill would extend the Limited Licensed Home Care Service Agency program for two years.

JUSTIFICATION:

The Limited Licensed Home Care Service Agency program demonstrates the State's desire to find new and creative methods of delivering quality long-term care in a cost-effective manner. This demonstration project would allow adult homes and Enriched Housing providers to deliver personal care and certain nursing services to residents of their facilities at a rate that is significantly less than the current rate paid to home care providers. The bill would allow more time for this program to be implemented and properly evaluated.

PRIOR LEGISLATIVE HISTORY:

1997: Chapter 433 of the Laws of 1997 extended this program for two years.

FISCAL IMPLICATIONS FOR STATE AND LOCAL GOVERNMENTS:

The cost savings to the State and local governments is as yet to be determined.

EFFECTIVE DATE:

Immediately.

Bill A06968

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Text of New York State Bill S03042

S T A T E O F N E W Y O R K

3042

2001-2002 Regular Sessions

I N S E N A T E

March 1, 2001

Introduced by Sen. MAZIARZ -- read twice and ordered printed, and when printed to be committed to the Committee on Health

AN ACT to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. The opening paragraph of section 105-f of chapter 81 of the
2 laws of 1995, amending the public health law and other laws relating to
3 medical reimbursement and welfare reform, as amended by chapter 18 of
4 the laws of 1999, is amended to read as follows:
5 On or before February 15, {2001} 2003, the department of health shall
6 submit a report to the governor and legislature that describes the cost
7 savings associated with the authorization of certified operators of
8 adult homes and enriched housing programs to qualify as limited home
9 care services agencies licensed by the department of health. The report
10 shall include, but not be limited to an analysis of such factors as:
11 S 2. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
12 amending the public health law and other laws relating to medical
13 reimbursement and welfare reform, as amended by chapter 18 of the laws
14 of 1999, is amended to read as follows:
15 12. Sections one hundred five-b through one hundred five-f of this act
16 shall expire March 31, {2001} 2003.
17 S 3. This act shall take effect immediately and shall be deemed to
18 have been in full force and effect on and after February 15, 2001.

EXPLANATION--Matter in *ITALICS* (underscored) is new; matter in brackets { } is old law to be omitted.

.SO DOC S 3042

END

BTXT

LBD09047-01-1
2001**Bill S03042****[[Summary](#)] [[Actions](#)] [[Votes](#)] [[Memo](#)] [[Text](#)]****New York State Assembly****[[Welcome Page](#)] [[Legislative Information](#)] [[Bill Searches](#)]**

Text of New York State Bill A05875

S T A T E O F N E W Y O R K

5875

2001-2002 Regular Sessions

I N A S S E M B L Y

March 1, 2001

Introduced by M. of A. DESTITO -- read once and referred to the-Committee on Health

AN ACT to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. The opening paragraph of section 105-f of chapter 81 of the
- 2 laws of 1995, amending the public health law and other laws relating to
- 3 medical reimbursement and welfare reform, as amended by chapter 18 of
- 4 the laws of 1999, is amended to read as follows:
- 5 On or before February 15, {2001} 2003, the department of health shall
- 6 submit a report to the governor and legislature that describes the cost
- 7 savings associated with the authorization of certified operators of
- 8 adult homes and enriched housing programs to qualify as limited home
- 9 care services agencies licensed by the department of health. The report
- 10 shall include, but not be limited to an analysis of such factors as:
- 11 S 2. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
- 12 amending the public health law and other laws relating to medical
- 13 reimbursement and welfare reform, as amended by chapter 18 of the laws
- 14 of 1999, is amended to read as follows:
- 15 12. Sections one hundred five-b through one hundred five-f of this act
- 16 shall expire March 31, {2001} 2003.
- 17 S 3. This act shall take effect immediately and shall be deemed to
- 18 have been in full force and effect on and after February 15, 2001.

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets { } is old law to be omitted.

.SO DOC A 5875

END

BTXT

LBD09047-01-1
2001**Bill A05875**[[Summary](#)] [[Actions](#)] [[Votes](#)] [[Memo](#)] [[Text](#)]

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Monday, August 4, 2003

Bill Summary - A03538

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A03538 Summary:

SAME AS Same as S 2528-A

SPONSOR Destito

COSPNSR

MLTSPNSR

Amd SS105-f & 246, Chap 81 of 1995

Relates to extending effectiveness of chapter 81 of 1995 in relation to the limited home care service agencies demonstration program until 2005.

A03538 Actions:

02/06/2003 referred to health
03/04/2003 reported referred to ways and means
03/04/2003 amend and recommit to ways and means
03/04/2003 print number 3538a
03/14/2003 amend and recommit to ways and means
03/14/2003 print number 3538b
03/18/2003 reported
03/20/2003 advanced to third reading cal.130
03/24/2003 passed assembly
03/24/2003 delivered to senate
03/24/2003 REFERRED TO HEALTH
03/25/2003 SUBSTITUTED FOR S2528A
03/25/2003 3RD READING CAL.225
03/25/2003 PASSED SENATE
03/25/2003 RETURNED TO ASSEMBLY
03/27/2003 delivered to governor
04/08/2003 signed chap.31

A03538 Votes:

Abbate	Y	Carrozz	Y	Farrell	Y	Hoyt	Y	McDonou	Y	Powell	Y	Sweeney	Y
Acampor	Y	Casale	Y	Ferrara	Y	Jacobs	Y	McEneny	Y	Prentis	Y	Tedisco	Y
Alfano	Y	Christe	Y	Finch	Y	John	Y	McLaugh	Y	Pretlow	Y	Thiele	Y

Arroyo	Y	Clark	Y	Fitzpat	Y	Karben	Y	Miller	Y	Raia	Y	Titus	Y
Auberti	Y	Cohe A	Y	Galef	Y	Kaufman	Y	Millman	Y	Ramos	Y	Tocci	Y
Aubry	Y	Cohe M	Y	Gantt	Y	Kirwan	Y	Mills	Y	Reilich	Y	Tokasz	Y
Bacalle	Y	Colton	Y	Gianari	Y	Klein	Y	Mirones	Y	Rive J	Y	Tonko	Y
Barclay	Y	Conte	Y	Glick	Y	Kolb	Y	Morelle	Y	Rive PM	Y	Towns	Y
Barra	Y	Cook	Y	Gordon	Y	Koon	Y	Nesbitt	Y	Robinso	Y	Townsen	Y
Barraga	Y	Crouch	Y	Gottfri	Y	Labriol	Y	Nolan	Y	Sanders	Y	Warner	Y
Benjami	Y	Cusick	Y	Grannis	Y	Lafayet	Y	Norman	Y	Sayward	Y	Weinste	Y
Bing	Y	Cymbrow	Y	Green	Y	Lavelle	Y	Oaks	Y	Scarbor	Y	Weisenb	Y
Boyland	Y	DelMont	Y	Greene	Y	Lentol	Y	O`Conne	Y	Schimmi	Y	Weprin	Y
Bradley	Y	Destito	Y	Grodenc	Y	Levy	Y	O`Donne	Y	Scozzaf	Y	Winner	Y
Brennan	Y	Diaz LM	Y	Gromack	Y	Lifton	Y	Ortiz	Y	Seddio	Y	Wirth	Y
Brodsky	Y	Diaz R	Y	Gunther	Y	Lopez	Y	Ortloff	Y	Seminer	Y	Wright	Y
Brown	Y	DiNapol	Y	Hayes	Y	Magee	Y	Parment	Y	Sidikma	Y	Young	Y
Burling	Y	Dinowit	Y	Heastie	Y	Magnare	Y	Paulin	Y	Smith	Y	Mr Spkr	Y
Butler	Y	Eddingt	Y	Higgins	Y	Manning	Y	Peoples	Y	Spano	Y		
Cahill	Y	Englebr	Y	Hikind	Y	Markey	Y	Peralta	Y	Stephen	Y		
Calhoun	Y	Errigo	Y	Hooker	Y	Mayerso	Y	Perry	Y	Stranie	Y		
Canestr	Y	Espail	Y	Hooper	Y	McDonal	Y	Pheffer	Y	Stringe	Y		

A03538 Memo:

TITLE OF BILL: An act to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

PURPOSE OR GENERAL IDEA OF BILL: To extend for a period of two years, the existing sunset dates relative to the time by which the Department of Health shall submit a report to the Governor and the Legislature and to the existence of Limited Home Care Services Agencies first created in law eight years ago.

SUMMARY OF SPECIFIC PROVISIONS: The bill amends the opening paragraph of section 105-f of Chapter 81 of the laws of 1995 and subdivision 12 of section 246 of Chapter 81 of the Laws of 1995, both of which as amended, to extend the sunsetted dates therein by a period of two years. In addition, it extends the current reporting deadline to April 15, 2003.

JUSTIFICATION: By extending the provisions in law relating to existence of the limited home care services agencies program, and the reporting of cost savings associated with certified operators of adult homes and enriched housing programs providing services through the program, the program which is just now being implemented due to long delays by its administrating agencies will be provided the opportunity to achieve its originally stated objectives.

PRIOR LEGISLATIVE HISTORY: The original legislation has been extended for a two year period twice - first by chapter 433 of the Laws of 1997, then by Chapter 18 of the Laws of 1999, and then by Chapter 21 of the Laws of 2001.

FISCAL IMPLICATIONS: None.

EFFECTIVE DATE: Immediately



Monday, August 4, 2003

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[See Bill Summary](#)

S T A T E O F N E W Y O R K

3538--B

2003-2004 Regular Sessions

I N A S S E M B L Y

February 6, 2003

Introduced by M. of A. DESTITO -- read once and referred to the Committee on Health -- reported and referred to the Committee on Ways and Means -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

- 1 Section 1. The opening paragraph of section 105-f of chapter 81 of the
- 2 laws of 1995, amending the public health law and other laws relating to
- 3 medical reimbursement and welfare reform, as amended by chapter 21 of
- 4 the laws of 2001, is amended to read as follows:
- 5 On or before {February} APRIL 15, 2003 AND AGAIN ON OR BEFORE FEBRUARY
- 6 15, 2005, the department of health shall submit a report to the governor
- 7 and legislature that describes the cost savings associated with the
- 8 authorization of certified operators of adult homes and enriched housing
- 9 programs to qualify as limited home care services agencies licensed by
- 10 the department of health. The report shall include, but not be limited
- 11 to an analysis of such factors as:
- 12 S 2. Subdivision 12 of section 246 of chapter 81 of the laws of 1995,
- 13 amending the public health law and other laws relating to medical
- 14 reimbursement and welfare reform, as amended by chapter 21 of the laws
- 15 of 2001, is amended to read as follows:
- 16 12. Sections one hundred five-b through one hundred five-f of this act
- 17 shall expire March 31, {2003} 2005.
- 18 S 3. This act shall take effect immediately.

A 3538-B Destito Same as S 2528-A
MAZIARZ

Public Health Law

TITLE....Relates to extending effectiveness of chapter 81 of 1995 relating to the limited home care service agencies demonstration program

This bill is not active in the current session.

02/06/03 referred to health

03/04/03 reported referred to ways and means

03/04/03 amend and recommit to ways and means

03/04/03 print number 3538a

03/14/03 amend and recommit to ways and means

03/14/03 print number 3538b

03/18/03 reported

03/20/03 advanced to third reading cal.130

03/24/03 passed assembly

03/24/03 delivered to senate

03/24/03 REFERRED TO HEALTH

03/25/03 SUBSTITUTED FOR S2528A

03/25/03 3RD READING CAL.225

03/25/03 PASSED SENATE

03/25/03 RETURNED TO ASSEMBLY

03/27/03 delivered to governor

04/08/03 signed chap.31

S2528-A MAZIARZ Same as A 3538-B Destito
Health

TITLE....Relates to extending effectiveness of chapter 81 of 1995 relating to the limited home care service agencies demonstration program

This bill is not active in the current session.

02/28/03 REFERRED TO HEALTH

03/18/03 1ST REPORT CAL.225

03/19/03 AMENDED 2528A

03/19/03 2ND REPORT CAL.

03/24/03 ADVANCED TO THIRD READING

03/25/03 SUBSTITUTED BY A3538B

A03538 Destito AMEND=B

02/06/03 referred to health

03/04/03 reported referred to ways and means

03/04/03 amend and recommit to ways and means

03/04/03 print number 3538a

03/14/03 amend and recommit to ways and means

03/14/03 print number 3538b

03/18/03 reported

03/20/03 advanced to third reading cal.130

03/24/03 passed assembly

03/24/03 delivered to senate

03/24/03 REFERRED TO HEALTH

03/25/03 SUBSTITUTED FOR S2528A

03/25/03 3RD READING CAL.225

03/25/03 PASSED SENATE

03/25/03 RETURNED TO ASSEMBLY

03/27/03 delivered to governor

04/08/03 signed chap.31

DESTITO

Amd SS105-f & 246, Chap 81 of 1995

Relates to extending effectiveness of chapter 81 of 1995 in relation to the limited home care service agencies demonstration program until 2005.

EFF. DATE 04/08/2003

**NEW YORK STATE ASSEMBLY
MEMORANDUM IN SUPPORT OF LEGISLATION
submitted in accordance with Assembly Rule III, Sec 1(e)**

BILL NUMBER: A3538B

SPONSOR: Destito

TITLE OF BILL: An act to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

PURPOSE OR GENERAL IDEA OF BILL: To extend for a period of two years, the existing sunset dates relative to the time by which the Department of Health shall submit a report to the Governor and the Legislature and to the existence of Limited Home Care Services Agencies first created in law eight years ago.

SUMMARY OF SPECIFIC PROVISIONS: The bill amends the opening paragraph of section 105-f of Chapter 81 of the laws of 1995 and subdivision 12 of section 246 of Chapter 81 of the Laws of 1995, both of which as amended, to extend the sunset dates therein by a period of two years. In addition, it extends the current reporting deadline to April 15, 2003.

JUSTIFICATION: By extending the provisions in law relating to existence of the limited home care services agencies program, and the reporting of cost savings associated with certified operators of adult homes and enriched housing programs providing services through the program, the program which is just now being implemented due to long delays by its administrating agencies will be provided the opportunity to achieve its originally stated objectives.

PRIOR LEGISLATIVE HISTORY: The original legislation has been extended for a two year period twice - first by chapter 433 of the Laws of 1997, then by Chapter 18 of the Laws of 1999, and then by Chapter 21 of the Laws of 2001.

FISCAL IMPLICATIONS: None.

EFFECTIVE DATE: Immediately

LAWS OF NEW YORK, 2003

CHAPTER 31

AN ACT to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the

limited home care services agencies demonstration program

Became a law April 8, 2003, with the approval of the Governor.

Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The opening paragraph of section 105-f of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by chapter 21 of the laws of 2001, is amended to read as follows:

On or before [~~February~~] April 15, 2003 and again on or before February 15, 2005, the department of health shall submit a report to the governor and legislature that describes the cost savings associated with the authorization of certified operators of adult homes and enriched housing programs to qualify as limited home care services agencies licensed by the department of health. The report shall include, but not be limited to an analysis of such factors as:

§ 2. Subdivision 12 of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by chapter 21 of the laws of 2001, is amended to read as follows:

12. Sections one hundred five-b through one hundred five-f of this act shall expire March 31, [~~2003~~] 2005.

§ 3. This act shall take effect immediately.

The Legislature of the STATE OF NEW YORK **ss:**

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction and, in accordance with such section, is entitled to be read into evidence.

JOSEPH L. BRUNO
Temporary President of the Senate

SHELDON SILVER
Speaker of the Assembly

EXPLANATION--Matter in *italics* is new; matter in brackets [-] is old law to be omitted.

A 3538-B Destito Same as S 2528-A
MAZIARZ

Public Health Law

TITLE....Relates to extending effectiveness of chapter 81 of 1995 relating to the limited home care service agencies demonstration program

This bill is not active in the current session.

02/06/03 referred to health

03/04/03 reported referred to ways and means

03/04/03 amend and recommit to ways and means

03/04/03 print number 3538a

03/14/03 amend and recommit to ways and means

03/14/03 print number 3538b

03/18/03 reported

03/20/03 advanced to third reading cal.130

03/24/03 passed assembly

03/24/03 delivered to senate

03/24/03 REFERRED TO HEALTH

03/25/03 SUBSTITUTED FOR S2528A

03/25/03 3RD READING CAL.225

03/25/03 PASSED SENATE

03/25/03 RETURNED TO ASSEMBLY

03/27/03 delivered to governor

04/08/03 signed chap.31

S2528-A MAZIARZ Same as A 3538-B Destito
Health

TITLE....Relates to extending effectiveness of chapter 81 of 1995 relating to the limited home care service agencies demonstration program

This bill is not active in the current session.

02/28/03 REFERRED TO HEALTH

03/18/03 1ST REPORT CAL.225

03/19/03 AMENDED 2528A

03/19/03 2ND REPORT CAL.

03/24/03 ADVANCED TO THIRD READING

03/25/03 SUBSTITUTED BY A3538B

A03538 Destito AMEND=B

02/06/03 referred to health

03/04/03 reported referred to ways and means

03/04/03 amend and recommit to ways and means

03/04/03 print number 3538a

03/14/03 amend and recommit to ways and means

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03/18/03 reported

03/20/03 advanced to third reading cal.130

03/24/03 passed assembly

03/24/03 delivered to senate

03/24/03 REFERRED TO HEALTH

03/25/03 SUBSTITUTED FOR S2528A

03/25/03 3RD READING CAL.225

03/25/03 PASSED SENATE

03/25/03 RETURNED TO ASSEMBLY

03/27/03 delivered to governor

04/08/03 signed chap.31

DESTITO

Amd SS105-f & 246, Chap 81 of 1995

Relates to extending effectiveness of chapter 81 of 1995 in relation to the limited home care service agencies demonstration program until 2005.

EFF. DATE 04/08/2003

**NEW YORK STATE ASSEMBLY
MEMORANDUM IN SUPPORT OF LEGISLATION
submitted in accordance with Assembly Rule III, Sec 1(e)**

BILL NUMBER: A3538B

SPONSOR: Destito

TITLE OF BILL: An act to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the limited home care services agencies demonstration program

PURPOSE OR GENERAL IDEA OF BILL: To extend for a period of two years, the existing sunset dates relative to the time by which the Department of Health shall submit a report to the Governor and the Legislature and to the existence of Limited Home Care Services Agencies first created in law eight years ago.

SUMMARY OF SPECIFIC PROVISIONS: The bill amends the opening paragraph of section 105-f of Chapter 81 of the laws of 1995 and subdivision 12 of section 246 of Chapter 81 of the Laws of 1995, both of which as amended, to extend the sunset dates therein by a period of two years. In addition, it extends the current reporting deadline to April 15, 2003.

JUSTIFICATION: By extending the provisions in law relating to existence of the limited home care services agencies program, and the reporting of cost savings associated with certified operators of adult homes and enriched housing programs providing services through the program, the program which is just now being implemented due to long delays by its administrating agencies will be provided the opportunity to achieve its originally stated objectives.

PRIOR LEGISLATIVE HISTORY: The original legislation has been extended for a two year period twice - first by chapter 433 of the Laws of 1997, then by Chapter 18 of the Laws of 1999, and then by Chapter 21 of the Laws of 2001.

FISCAL IMPLICATIONS: None.

EFFECTIVE DATE: Immediately

LAWS OF NEW YORK, 2003

CHAPTER 31

AN ACT to amend chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, in relation to extending the effectiveness of the

limited home care services agencies demonstration program

Became a law April 8, 2003, with the approval of the Governor.

Passed by a majority vote, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The opening paragraph of section 105-f of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by chapter 21 of the laws of 2001, is amended to read as follows:

On or before [~~February~~] **April 15, 2003 and again on or before February 15, 2005**, the department of health shall submit a report to the governor and legislature that describes the cost savings associated with the authorization of certified operators of adult homes and enriched housing programs to qualify as limited home care services agencies licensed by the department of health. The report shall include, but not be limited to an analysis of such factors as:

§ 2. Subdivision 12 of section 246 of chapter 81 of the laws of 1995, amending the public health law and other laws relating to medical reimbursement and welfare reform, as amended by chapter 21 of the laws of 2001, is amended to read as follows:

12. Sections one hundred five-b through one hundred five-f of this act shall expire March 31, [~~2003~~] **2005**.

§ 3. This act shall take effect immediately.

The Legislature of the STATE OF NEW YORK ss:

Pursuant to the authority vested in us by section 70-b of the Public Officers Law, we hereby jointly certify that this slip copy of this session law was printed under our direction and, in accordance with such section, is entitled to be read into evidence.

JOSEPH L. BRUNO
Temporary President of the Senate

SHELDON SILVER
Speaker of the Assembly

EXPLANATION--Matter in ***italics*** is new; matter in brackets [-] is old law to be omitted.

APPENDIX D

ADMINISTRATIVE DIRECTIVE 98 OCC/ADM-1



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

October 1, 1998

Re: Limited Licensed Home Care
Services Agencies (LLHCSAs)

Dear Administrator:

Attached is a copy of Administrative Directive 98 OCC/ADM-1, Limited Licensed Home Care Services Agencies (LLHCSAs), which was recently sent to Commissioners of local social services districts (SSDs). This Directive will inform you of the LLHCSA status and provide an update to the letter we sent you on February 23, 1998, regarding this topic.

The Directive explains policies and procedures that SSDs must follow when authorizing/reauthorizing Title XIX (Medicaid/MA) funded home care services by a LLHCSA. It points out that the establishment of LLHCSAs will provide SSDs with an appropriate and cost-effective means for providing certain home care services to MA recipients in qualified adult homes and enriched housing programs.

Currently the system that will be used for billing purposes, Medicaid Management Information Systems (MMIS), is not completely operational for LLHCSA billing. You, along with Commissioners of local social services districts, will be notified by the Department as soon as the MMIS procedures are in place.

Please review the attached Administrative Directive carefully for information on the LLHCSA and whether you may be interested in applying to become a LLHCSA provider.

Sincerely,

John C. Fredericks
Director
Office of Housing & Adult Services

Attachment



STATE OF NEW YORK DEPARTMENT OF HEALTH

Coming Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 98 OCC/ADM-1

TO: Commissioners of
Social Services

DIVISION: Office of
Continuing
Care

DATE: September 4, 1998

SUBJECT: Limited Licensed Home Care Services Agencies (LLHCSAs)

SUGGESTED DISTRIBUTION:

Home Care Services Staff
Medical Assistance Staff
Adult Services Staff
Director of Social Services
Staff Development Coordinators

CONTACT PERSON:

Margaret O. Willard, Bureau of Home Care Services & Waivers, on issues pertaining to LLHCSA/MA Home Care; Cathleen Doyle, Office of Housing and Adult Services on issues pertaining to Adult Homes and Enriched Housing Programs by telephoning 518-473-5569 or 518-432-2404, respectively.

ATTACHMENTS:

Attachment A: Guidelines for Service Responsibility
Attachment B: Notice Letters: 1-4
Attachment C: LLHCSA Rates and Rate Codes
Attachment D: Model Contract

FILING REFERENCES

Previous ADMs/INPs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
92 ADM-15 92 ADM-49		505.14 505.35	SSL 367-p		

I. PURPOSE

The purpose of this administrative directive is to explain policies and procedures social services districts must follow in the authorization or reauthorization of Title XIX funded home care services provided by limited licensed home care services agencies (LLHCSAs). These policies and procedures are required by Section 367-p of the Social Services Law, as added by Section 105-d of Chapter 81 of the Laws of 1995 and extended by the addition of Chapter 43 of the Laws of 1997.

II. BACKGROUND

The desire to prevent premature and costly institutionalization of individuals who have minimal health care needs or who no longer wish to, or are unable to safely remain in their own homes, has prompted the State to consider cost-effective and appropriate alternative placement and health care service delivery options.

One option presently available to the individuals described above is adult care facility residential services in combination with the provision of Title XIX (Medicaid) home care services. Certified Home Health Agencies (CHHAs), Long Term Home Health Care Programs (LTHHCPs) and Licensed Home Care Services Agencies (LHCSAs) have traditionally been the providers of Medicaid funded home care services to adult care facility (ACF) residents.

ACF operators have maintained that Medical Assistance (MA) home care services provided directly to the residents by the ACF, would offer a cost-effective alternative to traditional delivery systems. Consequently, in June of 1995 the Legislature enacted Section 3602 and 3605 of the Public Health Law (PHL), and Section 367-p of the Social Services Law (SSL) to create the establishment of a new home care services provider type, Limited Licensed Home Care Services Agency (LLHCSA).

Home care services delivered in an adult care facility by a LLHCSA should be viewed as an efficiency in the district's long term care assessment and management process and, when appropriate, should be incorporated into a patient's plan of care.

III. PROGRAM IMPLICATIONS

The establishment of LLHCSAs will provide social services districts with an appropriate and cost-effective means for providing certain home care services to MA recipients in qualified adult homes (AH) and enriched housing programs (EHP). Appropriate use of the LLHCSA will offer social services

districts (SSD) a new provider type for service provision within New York State's long term care continuum. The AH or EHP, as the provider of home care services, will have the ability to manage the care of the ACF residents more efficiently by assuming responsibility for the home care needs of the individual. This efficiency will also result in cost savings to the SSDs since statute requires that the LLHCSA personal care services and nursing rates be significantly less than other home care provider fee-for-service rates presently available for use by districts.

IV. REQUIRED ACTION

To comply with the provisions of SSL Section 367-p, the policies and procedures contained in this directive must be followed in the prior authorization of home care services provided by the LLHCSAs.

A. Definition and Scope of a Limited Licensed Home Care Services Agency (LLHCSA)

A LLHCSA is an operator of an adult home or enriched housing program certified and licensed by the Department of Health for the purpose of providing solely to eligible residents:

- personal care services and related nursing supervision which are not the responsibility of the facility (Attachment A which is contained in 92 ADM-15, Provision of Title XIX Home Care Services in Adult Care Facilities, clarifies the responsibility of the facility); and/or
- application of sterile dressings by a registered professional nurse; and/or
- intramuscular and subcutaneous injections by a registered professional nurse; and
- all other related nursing tasks associated with the administration of intramuscular and subcutaneous injections or application of sterile dressings.

In order to be eligible to provide home care services to its residents, the LLHCSA must have a contract for the provision of LLHCSA services with the SSD, or State entity if appropriate, in which the AH or EHP is located as described in Section F. of this directive.

AHs and EHPs which are LLHCSAs and which have a contract with the SSD may provide services to individuals who:

- require personal care services and specific nursing tasks beyond that which are required to be provided by an adult care facility;
- have a stable medical condition; and,

- are able, with direction, to take sufficient action to assure self-preservation in an emergency.

AHs and EHPs cannot retain residents who exceed ACF retention standards unless:

- the AH or EHP has a Department approved Retention Standards Waiver; or
- the AH or EHP is actively seeking appropriate placement for the resident.

With the exception of these two circumstances, residents inappropriate for retention in an AH or EHP and for whom the LLHCSA services should not be authorized are those who:

- require continual nursing or medical care;
- are chronically bed or chairfast and unable to transfer or chronically requires the physical assistance of another person to transfer, walk or climb or descend stairs unless assignment on a floor with ground level egress can be made;
- are cognitively, physically or medically impaired to a degree that their safety or the safety of others would be endangered.

Services provided by a LLHCSA are limited to MA eligible recipients. However, it is possible that varying financial arrangements could be involved for a recipient residing in an AH or EHP. For instance the recipient may:

- o qualify categorically for MA/SSI which will provide full MA eligibility; or
- o qualify as a private pay admission to a Level II facility and be MA eligible with a spenddown.

The adult home or enriched housing program may not charge more than the SSI Congregate Care Level II rate for the basic residential services to a resident in receipt of MA funded home care services through the LLHCSA.

B. Criteria and Procedures for Authorization of Title XIX Home Care Services Provided by a LLHCSA

1. If a MA eligible AH or EHP resident is identified as being appropriate for Title XIX personal care services and/or requires application of sterile dressings, and/or subcutaneous or intramuscular injections, a referral should be sent to the social services district in which the MA recipient/ACF resident is located. This referral may include a copy of a district approved physician's order for home care services.
2. The SSD will make arrangements for the completion of an initial assessment for home care services in accordance with 505.14. The

assessment must include: a completed physician's order; a nursing/social/fiscal assessment presently used by the district in the assessment of Title XIX personal care services and completed by a registered professional nurse employed by the SSD or employed by a CHHA or LHCSA under contract to the SSD, and; a completed plan of care which should delineate the level, amount, frequency and duration of service required by the individual. The combination of information will allow the district to clearly determine the recipient's care needs.

NOTE: Fiscal assessments must be completed on all recipients expected to receive more than 60 days of LLHCSA services. The district should follow fiscal assessment policies and procedures contained in 92 ADM-49, Fiscal Assessment and Management of Personal Care Services, and complete the fiscal assessment worksheet (Attachment 5 in 92 ADM-49) by utilizing the rate information contained in Attachment C. Districts will need to multiply the quarter hour rate by four (4) to derive a hourly rate.

3. The SSD will make a determination of the individual's appropriateness for services in accordance with 505.14 (a) based upon a review of the assessment of need determined by the assessors. This review should:
 - determine consistency between M.D. Orders, the DMS-1 or a PCSP Department approved local equivalent, and assessments;
 - determine the needs of the client that may or may not be currently addressed;
 - include reviewing the Plan of Care and the provider's ability to meet the unmet needs of the client as indicated by the assessments; and
 - determine cost effectiveness of the proposed service delivery package when compared to other available service alternatives and funding sources, i.e. Nursing home placement/Medicare.
4. If the SSD in which the recipient and AH or EHP are located has made a determination on the appropriateness of Title XIX home care services, the district will notify the individual regarding their decision within 10 working days of the district's receipt of the complete and accurate assessment documentation. The district will, after determining whether the recipient is appropriate for the requested services and whether the LLHCSA is the most cost effective means for providing the services, issue an authorization/denial letter to the recipient. If it is determined that services can appropriately and cost effectively be provided by the LLHCSA, the district should send a notice letter, with fair hearing information, (Attachment B-1 or B-3) to the recipient.

NOTE: There are two New York City (B-1 and B-2) and two Upstate (B-3 and B-4) notices. The Upstate and NYC notices differ in the Right To A Fair Hearing information located on the back side of the notice (page 2 of the attachment).

5. If the district has determined that the LLHCSA will provide the required Title XIX home care services, the SSD will enter the prior authorization for the home care services on the Medicaid Management Information System (MMIS) utilizing procedures outlined in the Limited Licensed Home Care Services Agency (LLHCSA) Provider Manual and forward a copy of the prior approval to the LLHCSA. Category of Service will be 0264. Regional rates for both the PCS and nursing tasks will be in quarter hour increments by Region as indicated in Attachment C. Services will be authorized for a maximum of six months. If the district where the LLHCSA is operating has Department approval for use of annual authorizations, LLHCSA services may be prior authorized for twelve months.

C. Reassessment/Reauthorization Procedures

At a minimum, the district must reassess the individual's continued appropriateness for home care services provided by a LLHCSA every six months unless the district is in receipt of an approval of annual authorization by the Department. If the individual's condition changes during the assessment period, the SSD should be contacted and, if appropriate, arrange for a new assessment to be conducted. Upon completion of the reassessment, the district may either reauthorize, discontinue, increase or decrease services.

Note: Occasionally a district may authorize a LLHCSA to provide a recipient solely with sterile dressing changes. If the recipient's condition is expected to improve over a period of weeks, the district may wish to complete a more time limited prior authorization, i.e. 8 weeks, and then reassess the patient's continued need for service before prior authorizing additional services. A district may also prior authorize a LLHCSA's delivery of sterile dressing changes and/or injection of subcutaneous and/or intramuscular medications in combination with personal care services. When nursing services are prior authorized for the provision of both sterile dressing changes and subcutaneous and/or intramuscular injections and personal care services, and the recipient's condition requiring the provision of nursing services improves so that the nursing task is no longer indicated, the district may adjust the LLHCSA's prior authorization of nursing services without conducting a complete new assessment. However, the district must send a copy of the adjusted prior authorization of service to the LLHCSA and a notice to the MA recipient identifying that his/her service authorization has been decreased because the recipient no longer requires the nursing task be completed. If the recipient's condition requiring the nursing services deteriorates so that an increase in nursing services is required, a complete reassessment must be completed.

D. Fair Hearings

The district must follow timely notice rules. This means that if the district discontinues or decreases services, the client is entitled to a notice 10 days prior to the effective date of the action. A Fair Hearing notice will be forwarded to the recipient by the district of fiscal responsibility when home care services are authorized/reauthorized,

increased, denied, discontinued, or decreased. The district should use the appropriate form included as Attachment B 1-4 for notification purposes. SSDs must photocopy this notice and issue it as a two-sided notice, not a two-paged notice. In those instances when the district has made a determination to deliver services using a provider other than the LLHCSA, the district should use the appropriate notice associated with that service and make arrangements for the provision of services through other provider sources.

E. Termination of Home Care Services Provided by the LLHCSA

If it is determined that the MA recipient is no longer appropriate for the home care services being provided by the LLHCSA or does not meet the adult care facility (ACF) retention standards, procedures must be initiated by the ACF in accordance with 18 NYCRR Part 487.4 (k) (1) (2) (i-iv) for an AH and 488.4 (b) and (g) for an EHP to obtain the appropriate level of care for the individual. Until the appropriate level of care is obtained, the ACF is responsible for continuing to complete appropriate service referrals and to meet the needs of the resident. This may include the interim provision of home care services by the LLHCSA and/or other home care service providers. The ACF, in conjunction with the SSD, is under obligation to make diligent effort to obtain appropriate services or level of care for the resident/recipient.

F. Contracts

A contract must be executed between the LLHCSA and the SSD in which the LLHCSA is operating. The contract establishes the role of the LLHCSA as a provider of Title XIX home care services. The contract, included as Attachment D, should be used by the SSD when contracting for personal care services and nursing tasks provided by the LLHCSA. SSDs may add additional local requirements to the model contract.

G. Rates and Reimbursement

The home care services provided by the LLHCSA are paid through the district's prior authorization system utilizing rates established by the Department. Services covered under the MA LLHCSA rates and for which no additional separate billing may be made include the following:

- personal care services including related nursing supervision which are not the responsibility of the AH or EHP operator;
- a registered professional nurse's visit for the application of sterile dressings and associated nursing tasks;
- a registered professional nurse's visit for injection of intramuscular and subcutaneous injections and associated nursing tasks;

The district should obtain from the provider a copy of the AH or EHP

operator's DOH LLHCSA license and MMIS provider ID number prior to authorizing services. Payment for the MA home care services provided to a recipient by a LLHCSA will be authorized by the SSD on MMIS. The district should include the primary diagnosis and ICDM-9 code on the N.Y.S. Medical Assistance (Title XIX) Program Order/Prior Approval Request - Personal Care, DSS 2832-H. The rate codes and corresponding reimbursement rates to be used when prior authorizing MA home care services provided by a LLHCSA for an AH or EHP resident are affixed as Attachment C. Changes to the reimbursement rates will be forwarded to the SSDs and the LLHCSAs by the Department.

Payment may only be made for services rendered. Consequently, no payment for MA funded home care services may be made to the LLHCSA when the recipient is receiving residential health care facility services or inpatient hospital services or is otherwise absent from the facility. Districts may not authorize services through a LLHCSA which duplicates services provided to the recipient through other MA funded programs, i.e., the Long Term Home Health Care Program (LTHHCP), Hospice, Adult Day Care Health Care Programs (ADHCP) or the Assisted Living Program (ALP). The SSD may not authorize services through the LLHCSA which duplicates services reimbursed through a third party insurer. MA is the payor of last resort.

The Department anticipates conducting retroactive reviews of service utilization by MA recipients residing in AHs and EHPs and in receipt of LLHCSA services.

V. Systems Implications

The prior approval system presently utilized for prior authorization of the Title XIX Personal Care Services Program will be used to authorize payment for MA funded home care services in the LLHCSA.

The district will utilize the prior approval numbers provided by the Department for the PCSP. The district may wish to dedicate an allotment of these numbers for AH and EHP residents receiving MA home care services through a LLHCSA.

VI. Effective Dates

Local districts may immediately implement the contract requirements for LLHCSA services. The district, however, may not prior authorize LLHCSA services until further notice from the Department.



Robert W. Barnett
Director
Office of Continuing Care

Guidelines for Service Responsibility

Service Functions (X indicates responsibility)	Home Care ^{1/}			Adult Care Facilities		
	PC	CHHA	LTHHCP	Adult Homes	Enriched Housing	Family Type H.
<u>Home Health Aide/Personal Care Services-Level I^{2/}</u>						
Making and changing beds				X	X	X
Dusting & vacuuming resid. bedroom				X	X	X
Light cleaning of bedroom & bath.				X	X	X
Dishwashing				X	X	X
Listing needed supplies				X	X	X
Shopping				X	X	X
Payment of bills & other errands				X	X	X
Resident's laundry				X	X	X
Ironing & mending				X	X	X
Preparing meals (simple mod. diets)				X	X	X
<u>Home Health Aide/Personal Care Services-Level II</u>						
Preparing meals (modified diets- diabetic, low salt & low residue diets)				X	X	X
Bathing						
Some assistance ^{3/}				X	X	X
Total assistance ^{4/}	X	X	X			
Grooming (inc. hair, shaving, nails, teeth & mouth)						
Some assistance				X	X	X
Total assistance	X	X	X			
Dressing						
Some assistance				X	X	X
Total assistance	X	X	X			
Toileting						
Some assistance	May provide only in EH			X		X
Total assistance	X	X	X			
Walking						
Some assistance	May provide only in EH			X		X
Total assistance	X	X	X			

Service Functions (X indicates responsibility)	Home Care ^{1/}			Adult Care Facilities		
	PC	CHHA	LTHHCP	Adult Homes	Enriched Housing	Family Type H.
Transferring						
Some assistance	May provide only in EH			X		X
Total assistance	X	X	X			
Feeding						
Some assistance	May provide only in EH			X		X
Total assistance	X	X	X			
Administration of medication						
Some assistance				X	X	X
Total assistance		X	X			
Routine skin care				X	X	X
Changing simple dressings				X	X	X
Using medical supplies and durable medical equipment						
Some assistance	May provide only in EH			X		X
Total assistance	X	X	X			
Personal Emergency Response Service	May provide only in EH			X		X
<u>Home Health Aide^{5/}</u>						
Using prescribed medical equipment, supplies & devices		X	X			
Changing dressings of stable surface wounds		X	X			
Performing simple measurements & tests to routinely monitor medical condition including taking vital signs		X	X			
Caring for an ostomy after the ostomy has achieved normal function		X	X			
Performing a maintenance exercise program		X	X			
Medical Transportation			X			
Medical Supplies & Equipment		X	X			
Physical Therapy		X	X			
Occupational Therapy		X	X			
Speech Therapy		X	X			
Radiology		X	X			

Service Functions (X indicates responsibility)	Home Care ^{1/}			Adult Care Facilities		
	PC	CHHA	LTHHCP	Adult Homes	Enriched Housing	Family Type H.
Laboratory			X			
Podiatry			X			
Dentistry			X			
Audiology			X			
Nursing Services		X	X			
Physician Services		X	X			
<u>Waivered services for LTHHCP^{6/}</u>						
Meals				X	X	X
Nutritional Counseling				X	X	X
Home Maintenance Services						
Chore Services				X	X	X
Emergency Alarm Response System				X		X
	May provide only in EH					
Housing Improvement Services				X	X	X
Moving Assistance Services			X			
Social Day Care				X	X	X
Respite Care				X	X	X
Medical Social Services		X	X			
Respiratory Therapy		X	X			

Revised 12/91

Special Notations

- 1/ CHHA and LTHHCP providers may either provide directly or make arrangements for the provision of these services.
- 2/ There may be special circumstances occasioned by a medical condition in which the provision of Level I nutritional and environmental support functions would be appropriately performed by a home care provider.
- 3/ Some assistance means that a specific function or task is performed and completed by the resident with help from another individual.
- 4/ Total assistance means that a specific function or task is performed and completed for the resident.
- 5/ Some of the following tasks may be indicators of inappropriate retention for an ACF.
- 6/ Not all LTHHCP providers offer the full range of waived services. CHHA providers may also offer some of these services. As indicated by the chart, only a few of these services are appropriately offered to ACF residents.

Revised 12/91

NOTICE OF DECISION TO AUTHORIZE/REAUTHORIZE
INCREASE OR DENY HOME CARE SERVICES
THROUGH THE LIMITED LICENSED HOME CARE SERVICES AGENCY (LLHCSA)

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		GENERAL TELEPHONE No. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing Information _____		
		and assistance _____		
		Record Access _____		
		Legal Assistance Information _____		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

Your request for having Injectable Medications and/or Sterile Dressing Changes provided by a registered professional nurse and/or Personal Care Services has been assessed and the following determination has been made:

Check one:

☐ AUTHORIZED

☐ REAUTHORIZED

You will receive services in the amount of ____ hrs./week. Your services will be provided by a home care agency operated by the adult home or enriched housing program in which you reside or by a certified home health agency when third party benefits, such as Medicare, are available.

☐ INCREASED

Your services are presently approved at ____ hrs/wk., you will now receive ____ hrs./wk. effective _____ because: _____

☐ DENIED

Your request for services has been denied because: _____

THE REGULATION WHICH ALLOWS US TO DO THIS IS 18 NYCRR 505.14.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

HOME CARE SERVICES FROM THE LIMITED LICENSED HOME CARE SERVICES PROGRAM

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

1. **TELEPHONE:** (212) 417-6550 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)
2. **FAX:** Sending a copy of this notice to (518) 473-6735
3. **WALK-IN:** Bring a copy of this notice to New York State Office of Temporary and Disability Assistance at 80 Centre Street, 3rd Floor, New York, New York.
4. **MAIL:** By sending a copy of this notice completed to the Office of Administrative Hearings, New York State Office of Temporary and Disability Assistance, PO Box 1930, Albany, New York 12201. Please keep a copy for yourself.

If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

☐ I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address..... _____

Phone Number..... _____ Case Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO YOUR RECORDS AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will send you with free copies of the documents from your file which we will give to the fair hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. Usually, they will be sent to you within three working days of when you asked for them. If your hearing is within three working days of when you ask for them, your case file documents may be given to you at the hearing.

INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

NOTICE OF DECISION TO DISCONTINUE/DECREASE
HOME CARE SERVICES
THROUGH THE LIMITED LICENSED HOME CARE SERVICES AGENCY (LLHCSA)

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME AND ADDRESS				
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		GENERAL TELEPHONE No. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing Information _____		
		and assistance _____		
		Record Access _____		
		Legal Assistance Information _____		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

Your request for having Injectable Medications and/or Sterile Dressing Changes provided by a registered professional nurse and/or Personal Care Services has been assessed and the following determination has been made:

Check one:

☐ DISCONTINUED

Your service has been discontinued effective _____ because:

☐ DECREASED

Your services are presently approved at _____ hrs/wk., you will now receive _____ hrs./wk. effective _____ because: _____

THE REGULATION WHICH ALLOWS US TO DO THIS IS 18 NYCRR 505.14.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

HOME CARE SERVICES FROM THE LIMITED LICENSED HOME CARE SERVICES PROGRAM

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. If you want to have your benefits continued unchanged (aid continuing) until you get a fair hearing decision, you must request a fair hearing in the way described below. A request for a conference alone will not result in a continuation of benefits. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

1. **TELEPHONE:** (212) 417-6550 (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)
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If you cannot reach the State Office of Temporary and Disability Assistance by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

☐ I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address..... _____

Phone Number..... _____ Case Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

CONTINUING YOUR BENEFITS: If you request a fair hearing before the effective date stated in this notice, you will continue to receive your benefits unchanged until the fair hearing decision is issued. However, if you lose the fair hearing we may recover the cost of any Medical Assistance benefits that you should not have received. If you want to avoid this possibility, check the box below to indicate that you do not want your aid continued, and send this page along with your hearing request. If you do check the box, the action described above will be taken on the effective date listed above.

☐ I agree to have the action taken on my home care services, as described in this notice, prior to the issuance of the fair hearing decision.

LEGAL ASSISTANCE: If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

ACCESS TO YOUR RECORDS AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will send you with free copies of the documents from your file which we will give to the fair hearing officer at the fair hearing. Also, if you call or write to us, we will send you free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

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INFORMATION: If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

**NOTICE OF DECISION TO AUTHORIZE/REAUTHORIZE
INCREASE OR DENY HOME CARE SERVICES
THROUGH THE LIMITED LICENSED HOME CARE SERVICES AGENCY (LLCSA)**

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME AND ADDRESS				
		GENERAL TELEPHONE No. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing Information _____		
		and assistance _____		
		Record Access _____		
		Legal Assistance Information _____		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

Your request for having Injectable Medications and/or Sterile Dressing Changes by a registered professional nurse and/or Personal Care Services has been assessed and the following determination has been made:

Check one:

☐ AUTHORIZED

☐ REAUTHORIZED

You will receive services in the amount of ____ hrs./week. Your services will be provided by a home care agency operated by the adult home or enriched housing program in which you reside or by a certified home health agency when third party benefits, such as Medicare, are available.

☐ INCREASED

Your services are presently approved at ____ hrs/wk., you will now receive ____ hrs/wk. effective ____ because: _____

☐ DENIED

Your request for services has been denied because: _____

THE REGULATION WHICH ALLOWS US TO DO THIS IS 18 NYCRR 505.14.

REGULATIONS REQUIRE THAT YOU IMMEDIATELY NOTIFY THIS DEPARTMENT OF ANY CHANGES IN NEEDS, INCOME RESOURCES, LIVING ARRANGEMENTS OR ADDRESS.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION

HOME CARE SERVICES FROM THE LIMITED LICENSED HOME CARE SERVICES PROGRAM

RIGHT TO A CONFERENCE: You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made the wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the first page of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Read below for fair hearing information.

RIGHT TO A FAIR HEARING: If you believe that the above action is wrong, you may request a State fair hearing by:

(1) Telephone: (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL)

If you live in: Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming County: (716) 852-4868

If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County: (716) 266-4868

If you live in: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315) 422-4868

If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, or Westchester County: (518) 474-8781

If you live in: Nassau or Suffolk: (516) 739-4868

OR

(2) Writing: By sending a copy of this notice completed, to the Fair Hearing Section, New York State Department of Office of Temporary and Disability Assistance, Post Office Box 1930, Albany, New York 12201. Please keep a copy for yourself.



I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address..... _____

Phone Number..... _____ Case Number _____

YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, medical bills, medical verification, letters, etc. that may be helpful in presenting your case.

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ACCESS TO YOUR RECORDS AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have the right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the fair hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

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**NOTICE OF DECISION TO DISCONTINUE/DECREASE
HOME CARE SERVICES
THROUGH THE LIMITED LICENSED HOME CARE SERVICES AGENCY (LLHCSA)**

NOTICE DATE:	EFFECTIVE DATE:	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER			
CASE NAME AND ADDRESS				
		GENERAL TELEPHONE No. FOR QUESTIONS OR HELP _____		
		OR Agency Conference _____		
		Fair Hearing Information _____		
		and assistance _____		
		Record Access _____		
		Legal Assistance Information _____		
Office No.	Unit No.	Worker No.	Unit or Worker Name	Telephone No.

Your request for having Injectable Medications and/or Sterile Dressing Changes by a registered professional nurse and/or Personal Care Services has been assessed and the following determination has been made:

Check one:

☐ DISCONTINUED

Your service has been discontinued effective _____ because:

☐ DECREASED

Your services are presently approved at _____ hrs/wk., you will now receive _____ hrs./wk. effective _____ because: _____

THE REGULATION WHICH ALLOWS US TO DO THIS IS 18 NYCRR 505.14.

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If you live in: Allegany, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne or Yates County: (716) 266-4868

If you live in: Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St. Lawrence, Tompkins or Tioga County: (315) 422-4868

If you live in: Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, or Westchester County: (518) 474-8781

If you live in: Nassau or Suffolk: (516) 739-4868

OR

(2) Writing: By sending a copy of this notice completed, to the Fair Hearing Section, New York State Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York 12201. Please keep a copy for yourself.

☐ I want a fair hearing. The Agency's action is wrong because:

Signature of Client _____ Date _____

Address..... _____

Phone Number..... _____ Case Number _____

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☐ I agree to have the action taken on my home care services, as described in this notice, prior to the issuance of the fair hearing decision.

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LIMITED LICENSED HOME CARE SERVICES AGENCY REGIONAL RATES AND RATE CODES FOR
R.N. AND PERSONAL CARE SERVICES

R.N. RATE

<u>REGION</u>	<u>RATE CODE</u>	<u>QUARTER HOUR</u>
Westchester*, Long Island**,N.Y.C.***	2412	6.75
Rest of State	2412	6.13

PERSONAL CARE SERVICES RATE

<u>REGION</u>	<u>RATE CODE</u>	<u>QUARTER HOUR</u>
N.Y.C.***	2413	2.88
Rest of State	2413	2.75

*Westchester Region: Rockland and Westchester
 **Long Island Region: Nassau and Suffolk
 ***N.Y.C.: Bronx, Kings, New York, Queens, Richmond

WHEREAS, Local Social Services Districts are authorized pursuant to Sections 365-a (2) (d) and 367-p of the New York State Social Services Law and Title 18 of the Code of Rules and Regulations and/or other applicable regulations to provide personal care services and nursing services to persons eligible to receive such services; and

WHEREAS, the District is desirous of obtaining personal care services and selected nursing services to be rendered to recipients of medical assistance in adult homes for which reimbursement is available pursuant to Title XIX of the Federal Social Security Act and applicable state law and which are eligible for reimbursement thereto,

NOW, THEREFORE, the parties signing and executing this instrument do, in consideration of the above, covenant and agree as follows:

1. The relationship of the provider to the district shall be that of independent contractor. The provider, in accordance with his status as an independent contractor, covenants and agrees that he will conduct himself in accordance with such status, that he will neither hold himself out as, nor claim to be an officer or employee of the State by reason thereof and that he will not by reason thereof, make any claim, demand or application to or for any right or privilege applicable to an officer or employee of the State, including, but not limited to, Workmen's Compensation coverage or retirement membership or credits.

2. The provider(s) agree(s) to provide personal care services and related nursing supervision, as defined in regulations set forth at NYCRR 505.14 to recipients of medical assistance (Medicaid), as defined in Title 11 of Article 5 of the New York State Social Services Law and/or Title XIX of the Federal Social Security Act, if requested to provide said services by a social services district pursuant to the order(s) and/or prescription(s) of a physician in accordance with a plan of treatment to be supervised by a registered nurse employed by the provider and subject to the conditions set forth in 18 NYCRR 505.14 or superseding regulations, provided, however, that Medicaid reimbursement under this contract for such services shall not include reimbursement for Level I Personal Care Services as defined in 18 NYCRR 505.14 (a) (6) (I).

3. The provider(s) agree(s) to provide nursing services to recipients of medical assistance (Medicaid) as defined in Title II of Article 5 of the New York State Social Services Law and/or Title XIX of the Federal Social Security Act, if requested to provide said services by a social services district pursuant to the order(s) and/or prescription(s) of a physician in accordance with a plan of treatment subject to the conditions provided for in the regulations set forth in Title 18 of the New York Code of Rules and Regulations, provided, however, that such nursing services shall be limited to sterile dressing changes and to subcutaneous and/or intramuscular injections and all other related nursing tasks associated with the administration of sterile dressing changes and subcutaneous and/or intramuscular injections.

4. The personal care services and nursing services will be rendered as authorized by the district at the locations specified by the district during the term of this agreement and should be provided for particular recipients only as long as authorized, pursuant to the district's direction as to frequency, type, and amount.

5. The district shall not be obligated to utilize the services of the provider(s), and the district or the New York State Department of Health shall, in its discretion be authorized to terminate any agreement or request for services to be rendered to any or all recipient(s) upon notification to the provider(s), its agent(s) or employee(s). The cessation of services to a particular recipient shall not render this entire agreement void or voidable. Except for emergencies, the district shall give the provider thirty (30) days notice of an intention to terminate the services of the provider to any individual who would otherwise remain eligible to continue receiving said services. In the event of termination, the provider shall promptly transfer any and all records pertaining to any individual who has been or is receiving services provided by the provider to the local district or to any subsequent provider designated by the district.

6. This agreement shall be valid and binding for the time period set forth below, except that if the time period set forth continues beyond one year from the effective date of this agreement, the agreement shall be voidable any time after the end of one year at the option of the local social services district or the New York State Department of Health. Neither the district nor the State Department of Health shall be obliged to renew or extend the terms of this contract.